

## Considerations for Marketing the Health Education Specialist to Employers

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### ABSTRACT

*The Coalition of National Health Education Organizations (CNHEO) established a task force in 2003 to design a marketing plan to promote the health education profession. Task force members decided that before developing a full-scale marketing plan to reach employers, they should learn more about employers' current knowledge and attitudes regarding health educators and their current and anticipated hiring practices. Few previous studies had examined these questions and no known formal market research of employers' knowledge, attitudes or beliefs about health educators existed. Hezel Associates produced a market research report in July 2007 on behalf of four sponsoring health education profession member organizations of the CNHEO, and the National Commission for Health Education Credentialing, Inc. This survey enabled collection of current and potential employers' knowledge and attitudes about health educators, the profession and hiring practices. This paper presents the task force's background work, major findings from the employer survey, implications for the profession and future challenges to marketing the profession.*

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### INTRODUCTION

In recent decades, health education has matured as a profession,<sup>1</sup> such as developing a discrete body of knowledge,<sup>2</sup> drawing consensus on defined competencies,<sup>3</sup> creating a certification system for individuals,<sup>4</sup> composing a unified code of ethics,<sup>5</sup> advocating for a Federal occupational classification<sup>6</sup> and working toward a more unified accreditation process in higher education.<sup>7</sup> An important next step in the evolution of the health education profession is activating a marketing process for prospective students, employers, policy makers and the general public. Promoting and Marketing the Profession is one of several focal areas that emerged, from two profession wide forums, as a priority future direction for the Health Education profession.

The 1995 and 2002 forums were sponsored by the National Commission for Health Education Credentialing, Inc. (NCHEC) and the Coalition of National Health Education

Organizations (CNHEO).<sup>8,9</sup> They served as stimuli for the Health Education Marketing Task Force to move forward with efforts to promote employment of professionally

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prepared and qualified individuals for health education positions.

In September 2003, the CNHEO established a task force to design a marketing plan to promote the health education profession. Members of the task force decided that before developing a full-scale marketing plan to reach employers, they should learn more about employers' current knowledge and attitudes regarding health educators and their current and anticipated hiring practices. Few previous studies had examined these questions about a broad group of employers from all sectors and no known formal market research of employers' knowledge, attitudes or beliefs about health educators existed. Therefore, five organizations of CNHEO including the American Association for Health Education (AAHE), the American College Health Association (ACHA), Eta Sigma Gamma (ESG), the Society for Public Health Education (SOPHE) and NCHEC commissioned a formal market research study to assess what employers knew about the health education profession, their attitudes toward the value that health educators bring to improving the health of the public and their willingness to engage health educators in carrying out the work of their organizations. As a result of this study it was expected that *umbrella* and *core* messages could be established to assist in marketing the profession to current and potential employers.

In July 2007 Hezel Associates produced a market research report entitled "Marketing the Health Education Profession: Knowledge, Attitudes and Hiring Practices of Employers."<sup>10</sup> The executive summary of this report is available at [http://www.cnheo.org/Exec-Summary\\_Marketing%20the%20Health%20Education%20Profession%20\(2\).pdf](http://www.cnheo.org/Exec-Summary_Marketing%20the%20Health%20Education%20Profession%20(2).pdf). This article highlights some of the challenges and considerations for marketing the health education specialist to employers, in light of this first survey to examine the hiring practices of health educator employers.

## CHALLENGES FOR SURVEY METHODS

An important question in the design of a survey instrument for employers or

any other constituent (general public, policy makers) is to determine how to define "health educator" for the survey respondent. In other words, researchers need to ensure that respondents answer questions about *this* particular profession and not about members of other health or education professions that sometimes carry out health education functions, thus confusing the issue. It was decided that for purposes of this survey, *professionally prepared health educator* would be defined as a person who has completed a degree program in health education and/or earned a certified health education specialist (CHES) designation.

Another important task in researching employer knowledge and attitudes about the profession is developing a strategy to identify potential participants, solicit those participants and determine a meaningful sample size. Should the target audience be all employers? Is it more manageable to survey employers by sector or place of work, for example: survey senior staff of local or state health departments? Study planners chose to survey employers who currently employed, or would likely have a use for, a professionally prepared health educator. Whereas, the broadest interpretation of a survey of employers could be accomplished by using traditional random selections from lists of employers and potential employers, the universe of potential health educator employers is vast and varied, and accurate lists of employers are unavailable. For this initiative, certain compromises were made with respect to "survey science." Ultimately, this survey used a two-step modified snowball type sampling process to identify employers: (1) soliciting individuals who would identify the group of prospective employers to survey, and (2) getting the survey to these employers. Task force members acknowledge that using such an approach is not random as those employers and potential employers who have knowledge of health educators may be different than those of less knowledgeable employers and potential employers. However, given resource limitations, such a modified snowball approach, was both logistically and expeditiously sound.

An additional challenge is to identify the actual universe of prospective employers, and subsequently, to obtain at least the minimum number of required surveys to claim adequate statistical power. Finally, a limitation of using the solicitation approach is that many prospects identified by individuals "close to the field" are ones who are more likely to be aware of what *professionally prepared in health education* means. This action may create a certain knowledge base bias in the survey respondents that could affect the results.

Given the uncertainty of the number of employers in the country who hire or potentially could hire health educators, estimating the appropriate number of respondents to represent the universe of participants was an arduous task. Hezel Associates determined that 300 completed, useable surveys was the minimum to garner meaningful data within a reasonable margin of error ( $\pm 5.6\%$ ).

This prospecting process yielded 1,696 records of which 1,518 were unique and had valid names and e-mail addresses. In addition to these records, additional names and e-mail addresses of local and state public health officials were added raising the universe of contacts to 1,781. Hezel Associates' researchers recommended there be at least 2,000 contacts to obtain a yield of  $\geq 300$  completed surveys. Prospective survey respondents came from all three major sectors (public, private, nonprofit) and all traditional categorical sites (school, worksite, health site, community, etc.). However, researchers recognized that the prospective survey respondents were most heavily representing the community/public health workforce, with the smallest share representing worksites (Figure 1).

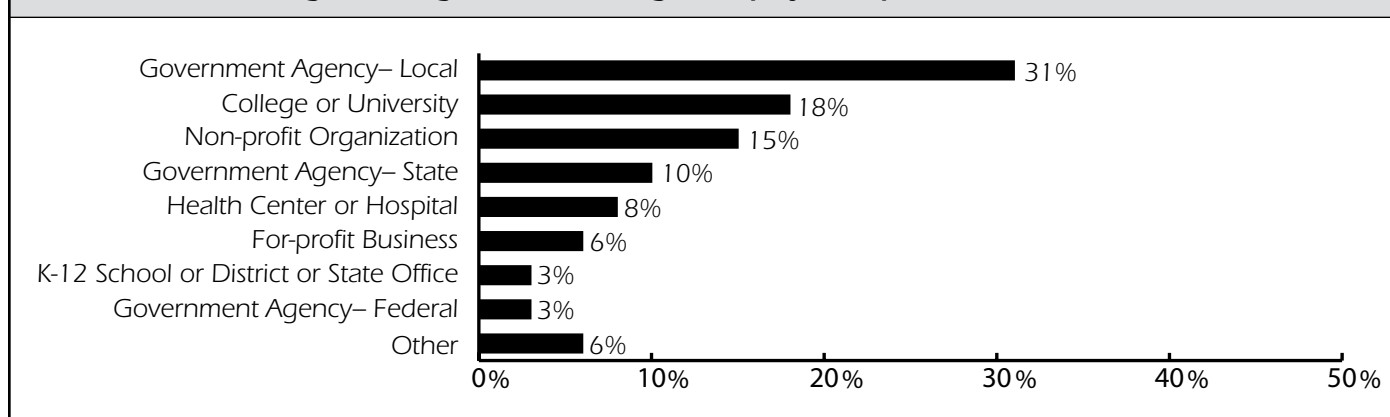
## INFORMATION SOLICITED FROM EMPLOYERS

Major information interests related to this survey included respondents':

- Familiarity with professionally prepared health educators (PPHE) and CHES certification.
- Hiring and employment practices with PPHE (current and future).



Figure 1. Organization Setting of Employer Respondents (n = 609)



- Understanding of activities (competencies) that can be performed by a PPHE health educator.
- Understanding of who in their organization performs these functions/activities.
- Perceived benefits and value of having a PPHE in their organization.

## MAJOR FINDINGS

• Most respondents (90%) were aware of health education degree programs and a slightly smaller percent (82%) were aware of the CHES credential.

• Seventy-five percent of those employing health educators use the title “health educator.” The next most popular titles used (respondents were asked to check all that apply from a list) were “health program (project) administrator/manager” (38%) and “health education specialist” (28%). Twenty-two percent used “other” titles for health educators, thereby showing an expanse of titles used for the PPHE.

• Most employers of the PPHE felt it was either “very important” (84%) or “somewhat important” (14%) to hire a PPHE, whereas only 1% felt it was “unimportant” to hire a PPHE. Employers who were aware of the CHES credential were more likely to believe it was “very important” to hire a PPHE than those who were unaware of CHES (85% vs. 72%).

• Despite the fact that CHES was well recognized by these employers, only 19% of the health educators that were employed had the

CHES credential; in contrast, 72% employed non-CHES health educators. The remaining 9% did not know the CHES status of their health educators.

• When employers were asked if they *specifically recruited new employees with CHES*, 39% said they did, 56% said they did not, and 5% were not sure.

• Of the 71 employers that *did not* hire a PPHE, when *asked why they did not do so*, 29% believed that “others could perform the functions of a health educator.” A lack of available funding was mentioned by 19%. Additionally, 7% did not know what a health educator was and another 7% said that they felt that they could not justify the cost based on potential return on investment. A relatively large proportion of respondents (38%) had many “other” reasons for not hiring a PPHE.

• Of these 71 employers who presently did not hire a health educator, a majority said that they were either “somewhat likely” (48%) or “very likely” (11%) to hire or to contract with a PPHE in the future. Twenty-eight percent reported that hiring a PPHE was “not very likely” and 13% were “not sure.”

• Only a small percentage of this group (13%) was “not very confident” about where to seek a PPHE to hire. Almost 54% would look to a university or one of the professional membership associations for potential candidates. When seeking advice about qualifications, they would reach out to a wider group of resources.

The survey also sought employers’ understanding of the value that health educators bring to their organization. These questions focused on “value statements” and “benefits ascribed” to health educators, but in essence, conveyed the *core competencies* of health educators. The questions were not, however, phrased in such jargon. Overall, these respondents were in strong agreement with the value statements presented in the survey, and most indicated that they believed qualified health educators bring unique skills that improve the success of health education initiatives. However, employers who did not hire or contract with a PPHE did not feel as strongly that only a PPHE could perform the requisite functions. This finding alone demonstrates that although there is high awareness of the profession, there is still a lack of “depth” of understanding of the unique skill set that health educators bring. Consequently, the profession needs to consider how to communicate the inherent value and unique skills of a health educator and how this skill set differs from that of other health professionals.

## IMPLICATIONS FOR MARKETING THE PROFESSION

Findings from this survey give “first time” information to the profession about what employers know about health educators, their attitudes toward their contributions and their willingness to hire health educators. It is a baseline understanding initiative managed, in part, by an independent market



research firm to learn what employers can tell us about our profession. The survey results and recommendations from Hezel Associates can assist health education professional organizations develop campaigns to market professionally prepared health educators more effectively.

It is encouraging to see that employers have a high level of awareness of health educators, the degrees and credentials needed in the profession, and the benefits that a PPHE brings to an organization. However, it ought to be of serious concern to the profession that nearly one-third of those responding do not currently hire health educators, and feel that others can effectively carry out the relevant responsibilities. This finding demonstrates a need to educate prospective employers better about the unique skill set and value added in hiring a PPHE.

This study also revealed that among these respondents, the benefits of the CHES credential is less well understood than the value of a health education degree. Only 39% of respondents (and just 43% of respondents who were aware of CHES) indicated that they seek persons with the CHES credential when hiring a health educator. Although this number may seem low, it should be remembered that health education certification is less than 20 years old, and that certification is voluntary, not mandatory. The fact that nearly 40% of employers do look for CHES certification when hiring is positive. There are currently more than 7,500 CHES across the U.S. and also a small foreign component. The numbers are growing with a 15% increase in the number of people registering for the exam for each of the past three years.<sup>11</sup> As the numbers continue to increase, the pool of certified individuals for employers to hire will undoubtedly increase. This growth may have a positive impact on the number of employers requiring CHES certification in the future.

This survey also appears to be the first to provide understanding about the level of education of currently practicing “professionally prepared health educators.” Of the health educators employed by respondents, almost 60% had an advanced degree in health

education (54% with a master’s degree; 7% with a doctoral degree) demonstrating that most health educators have progressed to an advanced degree. Just over one-third (35%) of practitioners had a bachelor’s degree. This finding should stimulate discussions among professional preparation programs and professional organizations with respect to accreditation at both the undergraduate and graduate levels.

Some of these considerations are currently being addressed by leaders in the sponsoring organizations as they react to the employer survey and the Hezel Report. Each consideration deserves serious dialogue followed by action. At this point, the Marketing the Profession Task Force presents these overall considerations for the profession as follows:

- An umbrella message suggests that we de-emphasize the term “health educator” and use the term “health education specialist.” If such a message is acceptable, how might this change match with the marketing and promotion of the official designation that the CHES credential gives, moving health educators to a “certified health education specialist?”
- Employers clearly see value in “other professions” providing some level of health education service. How should we position the health educator as unique and valuable without polarizing health educators “against” other health professionals? Consider skills of non-professionally prepared health educators who may serve as health educators and highlight “extra” skills that the PPHE can provide.
- Most employers seem to understand the functions of a health educator, i.e., the health educator competencies. How do we continue to promote our competencies in jargon-free terms to those employers that do not understand the functions of a health educator and do not see value in hiring one?
- Before using the messages recommended by the market research firm, there may be some level of validation needed with focus groups.
- There is evidence that professionally prepared health educators have a difficult time being recognized at school sites (K-12) when compared to other places of work. What can

be done to improve their acceptance?

- How do we create an understanding of a health educator’s role as easily as the role of “clinical provider” and “classroom teacher?”
- Some commentators on the purpose of professional preparation programs argue that the goal of academic formation is to prepare “generalists” to work to improve the health of the public via education. How does this comport with a movement toward emphasizing “specialists” generally and some consideration for creating subspecialties, e.g. worksite, school, disease specific, rural health?
- What differences exist in current or anticipated hiring practices and preferences of employers familiar with PPHE or CHES and those less familiar with PPHE or CHES?
- Consider creating a clearinghouse or compendium of success stories for health educators, to be used as part of a marketing effort.
- What vehicles should be used to convey key messages agreed upon by the field?

## LOOKING TO THE FUTURE

Collins<sup>12</sup> writes in *Good to Great and the Social Sectors* (an accompaniment to the popular business development book *Good to Great*) that to improve or get to “great,” one needs to build momentum by building the brand of the organization. It takes a long time, maybe a lifetime, for organizational leaders to build a brand. If we can refine our messages about the uniqueness and benefits that a health educator brings to promoting individual, family and community health — and if we remain committed to the marketing efforts — over time a “health education specialist” may become a valued and acclaimed occupational brand. Other efforts to market public health professionals have met limited success because time and commitment to as Collins notes “moving the flywheel” have failed. Yet, health education has always been ahead of the curve in important areas of the signature characteristics of a profession such as accreditation and competencies. The results from this market research survey are a starting point that gives insight into what employers know about health educators. The Marketing the Profession Task Force



will continue to develop an action plan to enhance the visibility of health educators and increase understanding of the role they have with prospective employers.

During the time of this initiative, many health educators have contributed their opinions about how best to market the profession. Some themes have consistently surfaced. These include, for example, the reminder that each health educator needs to market the profession in his/her own way. Health educators need to be vigilant in marketing the profession. There is some concern that our generalist "big tent" philosophy will continue to stymie efforts to create a clear and succinct message about what we do, how it is valuable and how what we do differs from other health professions. There continues to be a "speaking as one voice" challenge stemming, in part, from the multiple professional health education organizations. The time is now when we need to give serious consideration to which messages we use to market the profession. This current work moves us, however incrementally, in that direction. We are encouraged that we know what we want from marketing, that health educators:

- Are in a profession with well-defined education, training and certification requirements.
- Are important and necessary contributors to improving the health of citizens.
- Have unique skills for contributing to improving the health of a community.
- Are valuable to hire and worth the investment.
- Are good consultants who can act as resources for a variety of health and safety

initiatives at the individual, organizational, community and public policy level.

We invite practitioners, academicians and employers to continue this dialogue and increase efforts in this area to help develop a useful strategic marketing plan for the profession. We can all think of good definitions of marketing. One simple definition is that marketing is about problem solving and finding a need and filling it. The need to improve the health of the public is great. It is our challenge to demonstrate that we are at least one of the professions that can respond to this most important need.

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